

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY  
OR  
REVOCATION OF POWER OF ATTORNEY  
WITH A NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

|                      |                                     |
|----------------------|-------------------------------------|
| Patent Number        | 5,852,002                           |
| Issue Date           | December 22, 1998                   |
| First Named Inventor | Falk et al.                         |
| Title                | Treatment of Conditions and Disease |
| Art Unit             | N/A                                 |
| Examiner Name        | N/A                                 |
| Attorney Docket No.  | 28069-918                           |

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

**OR**

I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

30623

**OR**

I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

| Practitioner(s) Name | Registration Number | Practitioner(s) Name | Registration Number |
|----------------------|---------------------|----------------------|---------------------|
|                      |                     |                      |                     |

Please recognize or change the correspondence address for the above-identified application to:

The address associated with the above-mentioned Customer Number:

**OR**

The address associated with Customer Number:

**OR**

Firm or Individual Name

Address

City

State

Zip

Country

Telephone

Email

I am the:

Applicant/Inventor.

**OR**

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on \_\_\_\_\_

**SIGNATURE of Applicant or Assignee of Record**

Signature



Date

8/18/2010

Name

Jim M. Becker

Telephone

+1 616 14675500

Title and Company

Director

Director

JAGUTEC AG

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

\*Total of

forms are submitted.